

BOARD OF OCCUPATIONAL THERAPY

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QUARTERLY WRITTEN REPORT

Please complete this report and submit it to the Board quarterly during your probationary period. (Follow the reporting periods. Other forms, correspondence, or telephone calls will not be accepted.)

- ✓ Reports must be postmarked within ten (10) days of the close of each quarter.
- ✓ Early submission of the report will not be accepted.

FAILURE TO SUBMIT A QUARTERLY REPORT WITHIN TEN (10) DAYS FROM THE CLOSE OF EACH QUARTER WILL CONSTITUTE A VIOLATION OF PROBATION.

TYPE OR PRINT CLEARLY

QUARTERLY REPORTING PERIOD

- ☐ January 1 – March 31, 20____ ☐ July 1 – September 30, 20____
☐ April 1 – June 30, 20____ ☐ October 1 – December 31, 20____

PERSONAL INFORMATION

Name: _____ License Number: _____
 Address: _____ Telephone Number (____) _____

 (street, city, zip code) Is this a new address? Yes ☐ No ☐

EMPLOYMENT STATUS

Employer: _____
 Address: _____
 Telephone Number: (____) _____ Supervisor's Name: _____
 Your Date of Hire: _____ Supervisors Job Title: _____
 Shift/Hours: _____ Your Job Title: _____
 Responsibilities: _____

Is this a change of employment? Yes ☐ No ☐

Are you working for a registry/home health agency? Yes ☐ No ☐

Have you informed your employer of the probationary status of your license? Yes ☐ No ☐ Date informed employer: _____

Have you provided your employer with a copy of the Accusation/Statement of Issues and terms of your probation? Yes ☐ No ☐

If no, please explain why below:

EDUCATION (Attach proof of completed coursework.)Coursework AssignedName of ProviderHours/UnitsDate CompletedAre you attending or have you completed the assigned remedial coursework? Yes ☐ No ☐In this quarter, did you enroll in any required courses? Yes ☐ No ☐ If no, explain below:

If you are developing your continuing education plan, detail below the actions you have taken to meet this requirement:

THERAPY (Please complete the following if applicable.)Are you currently participating in psychotherapy? Yes ☐ No ☐ Date of first appointment _____

List the dates of your appointment(s) during the quarter and indicate if you kept the appointment(s). _____

Doctor/Therapist's Name: _____

License No.: _____

Address: _____

Telephone No.: () _____

Are you currently participating in group therapy? Yes ☐ No ☐ How often do you attend? _____

What is the name of the group? _____

REHABILITATION PROGRAM (Please complete the following if applicable.)Are you attending or have you completed an alcohol/drug rehabilitation program? Yes ☐ No ☐

Name of Program: _____

Name of Counselor: _____

Address: _____

Telephone Number: _____

Please circle the type of rehabilitation program: Residential/In-patient/Out-patient

Date entered program: _____ Date program completed: _____

What treatment components did the program include?

CHEMICAL DEPENDENCY SUPPORT GROUP (Please complete the following if applicable.)

Do you attend **and** participate in a chemical dependency program (i.e. Alcoholics Anonymous, Narcotics Anonymous, or any other Support Group)? Yes ☐ No ☐

If you failed to comply with this term during this quarter, provide a detailed explanation regarding your failure to do so:

Group Name: _____

ATTACH COPIES OF PROOF OF ATTENDANCE DURING THIS QUARTER (All entries must be signed by the group secretary/facilitator.)

How many meetings per week did you attend? _____ Do you have a sponsor? Yes ☐ No ☐

What is the date of your sobriety? Alcohol: _____ Drugs: _____

Have you abstained from alcohol and/or drugs during this period of probation? Yes ☐ No ☐

If your answer was no, when was the last time you used drugs or alcohol and what were the circumstances? _____

PRESCRIPTION MEDICATIONS (Please complete only if biological fluid testing is a term of your probation.)

Are you currently taking prescription medications? Yes ☐ No ☐ If your answer is yes, please list the medication(s), dosage(s), when it was prescribed, and the reason prescribed:

RECOVERY COSTS (Please complete the following if applicable.)

In this quarter, have you paid recovery costs as directed in your terms and conditions of probation? Yes ☐ No ☐

If you answered no, provide an explanation: _____

Do you want to establish a payment plan? Yes ☐ No ☐

ADDITIONAL INFORMATION

What steps have you taken during this period of probation to prevent a reoccurrence of the violation that led to your probation:

In this quarter, have you been arrested or charged with a crime? Yes ☐ No ☐

If you answered yes, provide a detailed explanation and attach the arrest report: _____

Name of arresting agency: _____

Address of arresting agency: _____

In this quarter have you been convicted of a crime? Yes ☐ No ☐

If you answered yes, provide a detailed explanation (Attach the certified court documents.) _____

Name of court: _____

Address: _____ Case Number: _____

Probation Officer: _____ Telephone Number: (____) _____

In this quarter were you disciplined by your employer in any manner, i.e., adverse action, counseling, reprimand, suspension, demotion, or termination? Yes ☐ No ☐

If you answered yes, provide a detailed explanation and attach all documentation relating to the imposed discipline:

In this quarter, were you the subject of a complaint, review or investigation? Yes ☐ No ☐

If you answered yes, provide a detailed explanation of the incident that led to the filing of a complaint/investigation. Include the status of the investigation:

I declare under penalty of perjury under the laws of the State of California that the foregoing, the enclosed statements or documents are true and correct, and I further declare that I have obeyed all federal, state and local laws, including all statutes and regulations governing my license and that I have fully complied with the terms and conditions of the probation program established by the Board during this period of my probation.

Your Signature

Date